



**CANDIDATE'S INTERVIEW ASSESMENT FORM**

Date .....

Post Applied for.....

Name: .....

Father Name: .....

Date of Birth: .....

Address: .....

.....

.....

Mobile No: .....

E-mail: .....

Marital Status: .....

Blood Group .....

**EDUCATION QUALIFICATION:**

Standard	Board/University	Main Subject	Year of Passing	Percentage

**FAMILY DETAILS:**

Name	Relation with you	Profession	Contact No.	Is depended on you? Y/N



**Additional Info of Colleague with Whom You worked at your last job.**

Employer Name	Designation	Mobile No	Colleague Name

**Total Years of Experience:** .....

**Last Salary:** .....

**Expected Salary:** .....

**Why do you wish to leave your existing employment?**

.....

**How did you come to know about our organization?**

.....

**How soon you can join with our organization, if you get Shortlisted?**

.....

**Declaration**

I hereby declare that the above information is correct & complete to the best of my knowledge and belief and nothing has been concealed there in. In case of fake or concealed information, my appointment may be cancelled and service may be terminated without notice and compensation.

**Place:** .....

**Signature:** .....

**Office use only:**

**Remarks by Interviewer:** .....

**Signature of HOD with full name:** .....

**Final salary:** .....

**Signature of HR:** .....

**Date:** .....